



**UTICA  
COMMUNITY  
SCHOOLS**

**Food & Nutrition Services**  
11303 Greendale  
Sterling Heights, MI 48312  
(586) 797-1180  
[www.UticaK12.org/FoodService](http://www.UticaK12.org/FoodService)

**Dear Parents and Guardians:**

**Please take a moment to complete the form and return it to your student's school.** The Education Benefits Form collects information needed to ensure the school receives state and federal funding for education programs. **Without this information, UCS could lose important funding for education programs that our students need.** These supplemental grants and programs have the potential to offer support and services for our students including, but not limited to:

- Instructional staff (ex. Reading Interventionists, Math Tutors, Academic & Behavior Aids)
- Teaching supplies and materials
- Counselors and Social Workers
- School Nurses
- Professional Learning for staff
- Parent and Community engagement supplies and activities
- Technology

**Why does UCS request financial information?** The Education Benefits Form determines eligibility of a student or household. The total count of eligible students is used to determine the funding amounts that will be made available to a school. The more forms returned the better.

**What do I need to do?** Please complete the attached form and return it to your school.

**How will this information be protected?** In keeping with current practices, only approved UCS food Service office staff will have access to the forms.

**What else might my student or household be eligible for?** Based on the information you provide on your Education Benefits Form, your child may qualify for other programs such as:

- Pay to play or Pay to Participate
- Programs that provide field trip support
- Programs that provide discounted AP testing & college application fees
- Potential household support for cable and internet

You must complete the **Sharing Information with Other Programs form** attached to the application to grant permission for your eligibility information to be shared.

If you have any questions, please contact food service at 586-797-1180.

Sincerely,

Mandy Sosnowski  
Food & Nutrition Services Director

# EDUCATION BENEFITS FORM SY 2026 - 2027

District: \_\_\_\_\_ School: \_\_\_\_\_

**PART A: STUDENT INFORMATION** – Complete for each student Pre-K through 12th Grade

| Student's Last Name | Student's First Name | Grade Level | School | Identify<br>H if Homeless<br>M if Migrant<br>R if Runaway<br>F if Foster |
|---------------------|----------------------|-------------|--------|--------------------------------------------------------------------------|
|                     |                      |             |        |                                                                          |
|                     |                      |             |        |                                                                          |
|                     |                      |             |        |                                                                          |
|                     |                      |             |        |                                                                          |
|                     |                      |             |        |                                                                          |
|                     |                      |             |        |                                                                          |

If you need additional lines, attach a second sheet to this report or attach a copy of this report clearly marked as a Page 2.

**PART B: BENEFITS RECEIVED** - If any member of your household receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PART C: HOUSEHOLD SIZE** - Enter the total number of individuals living in your household, including all adults and children →  

**PART D: TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Move on to PART E.

| Type of Income                                                  | Income | Circle if None |
|-----------------------------------------------------------------|--------|----------------|
| 1. Gross Monthly Earnings: Wages, Salary, Commissions           | \$     | None           |
| 2. Monthly Welfare Payments, Child Support, Alimony             | \$     | None           |
| 3. Monthly Payments from Pensions, Retirement, Social Security  | \$     | None           |
| 4. Monthly Dividends or Interest on Savings                     | \$     | None           |
| 5. Monthly Worker's Compensation, Unemployment, Strike Benefits | \$     | None           |
| 6. Other Monthly Income (SSI, VA, Disability, Farm, other)      | \$     | None           |
| <b>Total Monthly Household Income</b> (Add lines 1-6)           | \$     |                |

**PART E: CERTIFICATION** - The head of household or adult designee who completed this form must complete this certification section.

I certify (promise) that all information on this form is true, and that all income is reported to the best of my knowledge. I understand that this form may impact the amount of State or Federal funding allocated to my local school district. I understand that the information I have provided may be verified.

(Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Date) \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

(Email Address) \_\_\_\_\_ Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_

**Do NOT fill out this section. This is for school use only.**

Status: F \_\_\_\_\_ R \_\_\_\_\_ N \_\_\_\_\_ Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE EDUCATION BENEFITS FORM

This form is used to determine eligibility for state benefits for which your child(ren)'s school may qualify. Please complete, sign, and return this form to your child's school.

If any member of your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or FDPIR please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: If any household member, including adults, receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR), provide the name and case number. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Skip this part

Part E: Certification - Sign the form. Print your name and Date.

If your household does not receive benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or FDPIR please follow these instructions:

Part A: Student Information - For each student in the household Pre-K through 12th grade, list the last name, first name, grade level, school, and H if homeless, M if Migrant, R if Runaway or F if a Foster Child.

Part B: Benefits Received: Skip this part.

Part C: Size of Family - Enter the total number of individuals living in your household. This should include all children and adults, related and un-related, that live in a single dwelling and share income and expenses.

Part D: Total Monthly Household Income - Enter monthly income for all household members for each type of income that applies. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc. If you have no income for a category, circle NONE. Add lines though 1 through 6 and enter the Total Monthly Household Income.

Part E: Certification - Sign the form. Print your name, date, and contact information.

## Sharing Information with Other Programs

Dear Parent/Guardian:

Based on the information you gave on your Education Benefits Form, your child may qualify for other programs. For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free (or reduced-price meals, if applicable).

Yes! **I DO** want school officials to share information from my Education Benefits Form with:

- ☐ Pay to Participate (Athletics and Clubs).
- ☐ Programs that provide food support (weekend backpacks, holiday meals, etc.).
- ☐ Programs that provide field trip support (reduced rates or scholarships for field trips).
- ☐ Programs that provide school supplies or assist with school fees (filled backpacks and supplies from the requested supply list, testing fees).
- ☐ Programs that provide holiday support (meals, holiday gifts, opportunity for children to shop for gifts at no cost).

If you check "Yes" to any or all the boxes above, please fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For more information, you may call Food Service at 586-797-1180.**

### USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

**Return this form to: Utica Community Schools, attn. Food Service, 11303 Greendale, Sterling Heights, MI 48312.**